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TRICARE Northwest

Nicotine addiction not easy to give up

Statistics show that 70 percent of people who smoke actually want to quit. In fact, the average former smoker tried to quit between 3 to 7 times before finally kicking the habit.

"Tobacco is an addiction. It's not a habit, it's an addiction," said Ernie Stephenson, Madigan Army Medical Center's Outcomes coordinator for Tobacco Cessation. "It has the same clinical level of addiction as heroin or cocaine, but at the same time it is legal to get over the counter."

Stephenson's job is to work with existing tobacco cessation programs at Madigan and Fort Lewis to streamline tobacco cessation efforts, increase awareness of the program's benefits, and help more people to kick the



Ernie Stephenson, Madigan Army Medical Center's Outcomes coordinator for Tobacco Cessation.

habit.

He has already implemented a "want to quit?" marketing campaign. Currently, there are neon green "want to quit?" posters hung above the tobacco products in the commissaries at Fort Lewis and those in Alaska, and smaller "want to quit?" signs have been

posted near all of the designated smoking areas around Madigan. Stephenson is currently working with Fort Lewis to get the posters and signs in every smoking area on post.

So why is there so much emphasis being placed on smoking cessation programs within the military community?

"It is estimated that smokers make up approximately 31 percent of the Fort Lewis population," he said.

One of the reasons, according to Stephenson, is a traditional link between military conflicts and increased cigarette use.

"Right now, as we speak, there is a pattern in Iraq," Stephenson said. "Some of the units are reporting increased first-time use in cigarettes among

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Former NHB commander named TMA Chief Operating Officer

By: **TRICARE Management Activity East**

Rear Adm. Richard A. Mayo, commanding officer of Naval Hospital Bremerton from October 1992 to July 1994, was selected as chief operating officer and program executive officer for the TRICARE Management Activity (TMA), DoD announced Tuesday.

“Rear Admiral Mayo’s experience and leadership will help ensure that we provide improved TRICARE services to all eligible beneficiaries,” said Dr. William Winkenwerder Jr., assistant secretary of defense for Health Affairs.

TMA is the organization that oversees the DoD-managed health care program for Uniformed Services beneficiaries and their families. TMA was created in February 1998 under direction from the Secretary of Defense as part of the Defense Reform Initiative. TMA leaders are responsible for improving and enhancing TRICARE worldwide, and for ensuring the availability and affordability of high-quality health care to DoD beneficiaries world-



Rear Adm. Richard A. Mayo, commanding officer of Naval Hospital Bremerton from October 1992 to July 1994, was selected (in September) as chief operating officer and program executive officer for the TRICARE Management Activity (TMA). *(U.S. Navy Photo)*

wide.

Mayo has served more than 28 years in the Navy in a variety of health care-related positions. In 1991, he commanded Fleet Hospital FIVE, which was the first deployment of a Navy Fleet Hospital in a real contin-

gency situation. Under his leadership, the hospital was awarded a Navy Unit Commendation.

He served as deputy assistant chief for Health Care Operations, and assistant chief of Health Care Operations at the Bureau of Medicine and

Surgery in Washington, D.C.; Lead Agent of TRICARE Pacific from October 1997 until October 1998; and fleet surgeon/director for Fleet Medical Operations, Commander in Chief, United States Pacific Fleet, where he attained the rank of rear admiral in 1999.

From July 1999 until July 2001, Mayo served as the deputy director for Logistics, J-4, Joint Staff, and was responsible for medical readiness. Most recently, Mayo served as United States Pacific Command surgeon. He was the principal adviser to PACOM on all medical matters and was directly responsible for all U.S. PACOM medical units and for delivery of all medical services to eligible beneficiaries in the Pacific.

Rear Adm. Mayo holds a Bachelor of Arts degree in biology from Northeastern University, Boston, and his medical degree from Boston University School of Medicine. He completed his internship and residency in General Surgery in June 1975 at Albany Medical Center Hospital, Albany, N.Y.

DoD Appoints First New TRICARE Regional Director

By DOD News

The Department of Defense announced today the appointment of Navy Rear Adm. James A. Johnson, Medical Corps, as the TRICARE West Regional Director. Assistant Secretary of Defense for Health Affairs Dr. William Winkewerder Jr. said, "The appointment of Admiral Johnson as the director of TRICARE West Region is another significant step in transforming our TRICARE program. Admiral Johnson brings exceptional talent, skills and vast experience to this new role and responsibility."

According to Vice Adm. Michael Cowan, Navy surgeon general, "Admiral Johnson has made invaluable contributions to improving military medical readiness, he has commanded one of the largest military medical centers in the Department of Defense, and he has developed effective relationships with our partners in other federal agencies and with our civilian partners in the community. He is a leader who is perfectly suited to this new position." Johnson is the first



Navy Rear Adm. James A. Johnson, Medical Corps, TRICARE West Regional Director. He served as Naval Hospital Bremerton's commander from October 1994 to August 1997. (U.S. Navy Photo)

of three regional directors to be named.

The Department of Defense announced the selection of new TRICARE health care contractors August 21. The new TRICARE West region encompasses twenty states in the western United States and serves a TRICARE population of more than 2 million beneficiaries. TriWest Healthcare Alliance Corp. was awarded the contract for the TRICARE West Region that Johnson will

oversee. The other new regional contractors are Humana Military Healthcare Services in the South region, and Health Net Federal Services in the North region.

The new TRICARE regional directors' responsibilities include administration of the health care contracts for their regions; providing support to the military medical facility commanders in the region; sustaining quality care, and improving customer satisfaction

across the health care delivery system.

Johnson has served more than 37 years in the Navy in a variety of health care-related positions. He earned his undergraduate degree in Biology/Chemistry at Oberlin College in Oberlin, Ohio, and his Medical Degree at the University of Rochester in Rochester, N.Y. He served both his internship and residency at the University of California in Los Angeles. He earned medical certificates from the American Board of Surgery and the American Board of Medical Management. Johnson's most recent assignments included serving as the commander of the Naval Medical Center, San Diego; medical officer of the Marine Corps; and principal director for clinical and program policy in the Office of the Assistant Secretary of Defense for Health Affairs.

The TRICARE Management Activity provides daily oversight of the department's health care program, TRICARE, for more than 8.7 million beneficiaries of the uniformed services.

MAMC soldier renders aid to dying motorist

By Ms. Sharon D.
Ayala
MAMC Deputy PAO

TACOMA, Wash.—Twenty-two-year-old Spc. Adrienne Brisbane doesn't consider herself a hero. In fact, she believes what she did one Sunday afternoon in June 2003, is no different than what anyone else who witnessed an accident would have done.

Brisbane's amazing story began when she was driving down highway 16 in Tacoma, Wash. While on her way to her ex-husband's house to pick up their 3-year-old son, the Madigan Army Medical Center Radiology technician, noticed two cars speeding down the highway at rates of about 90 miles per hour. It would later be revealed that the two cars were racing.

Eventually, Brisbane lost sight of the vehicles. Farther up the road, however, as she rounded a blind corner, she saw that one of the vehicles had crashed.

"The car had smashed into a tree and flipped on its roof. The tree had fallen on the car



Spec. Adrienne Brisbane, radiology technician, provided medical aid to a motor vehicle accident victim.
(Photo by Sharon D. Ayala)

and there was smoke coming from underneath the hood," she explained.

Without thinking twice, Brisbane, who is a trained emergency medicine technician, and two other motorists jumped into rescue mode.

"When we got to the car, we didn't see the driver in the car," she said. Brisbane guessed that the driver may have been ejected during the collision because he had not been wearing his seatbelt.

After climbing over the fallen tree, Brisbane made her way to the other side of the vehicle where she saw the unconscious driver pinned

under the hood of the vehicle.

"He was not breathing, but he did have a faint pulse," she said.

It was obvious to Brisbane and the others that the driver had sustained severe trauma to his entire body. In an effort to resuscitate him, one of the good samaritans managed to lift the 19-year-old sailor's head, so that Brisbane could administer rescue breathing.

During the entire resuscitation attempts, Brisbane said that she was concerned that the vehicle would catch fire.

"Smoke was coming from the engine and fluid was coming out

everywhere," she said.

But despite receiving chemical burns to her right arm, Brisbane never stopped trying to revive the driver. As traffic came to a complete halt, Brisbane said that a nurse, donned in scrubs, jumped out of her car to provide assistance.

"Moments later, the ambulance arrived and pronounced the driver dead at the scene," Brisbane said.

Many would say that Brisbane did what we would hope others would do in the same situation. Therefore, that makes her a hero. But she disagrees.

"To do the job that I was trained to do doesn't make me a hero. I was just glad to be there so I could administer aid," she said.

Brisbane does give credit to the Radiology department NCOs for providing continuing education opportunities, so that she and other soldiers can maintain their EMT skills.

Car Wash part of a six-week program to help prepare prospective chiefs for donning their anchors

Story and photos by
LARRY COFFEY, Naval
Hospital Bremerton PAO

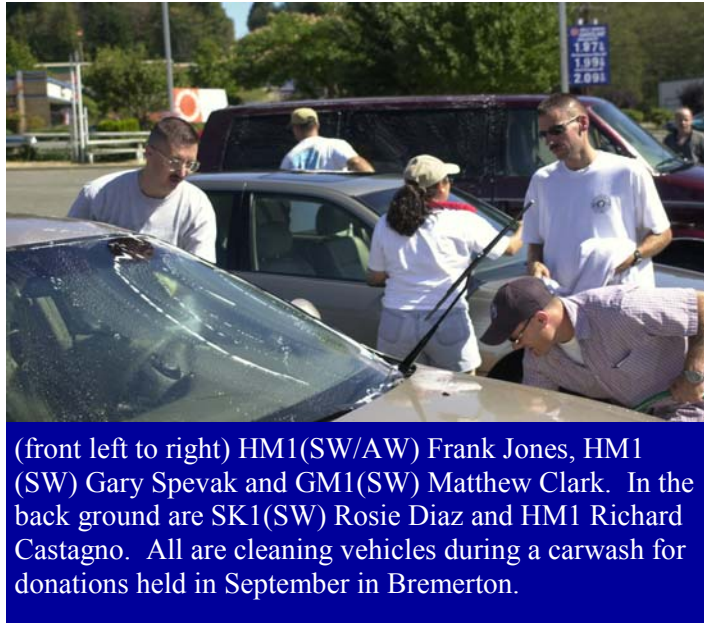
BREMERTON, Wash.—Thirteen chief petty officer selectees from eight West Puget Sound commands washed more than 100 cars for donations Sept. 5 at the Union 76 gas station on Wheaton Way in East Bremerton.

The event was part of a six-week program designed to help prepare the prospective chiefs for the Sept. 16 donning of their new anchors.

“It was outrageous,” Petty Officer 1st Class (SW/AW) Frank Jones said with a laugh. “There were consistently six cars lined up in a row being washed or waiting to be washed!”

The Naval Hospital Bremerton computer radiography administrator and chief petty officer selectee said the best part of the car wash and the entire CPO training process was been the “camaraderie and working with the different personalities and interests.”

“The worst part has



(front left to right) HM1(SW/AW) Frank Jones, HM1 (SW) Gary Spevak and GM1(SW) Matthew Clark. In the back ground are SK1(SW) Rosie Diaz and HM1 Richard Castagno. All are cleaning vehicles during a carwash for donations held in September in Bremerton.

been the over-tasking, but there’s a method to the madness, and I understand that,” added Petty Officer 1st Class (SW) Gary Spevak, Naval Hospital Bremerton Patient Administration leading petty officer and CPO selectee.

The two Naval Hospital Bremerton and two Reserve Naval Hospital Bremerton CPO selectees teamed with 11 other selectees from six other commands for an intense training period in preparation for their new role as “The Chief.”

USS Camden (AOE 2), the former USS Rainier (AOE 7), the Disease

Vector Ecology Control Center, Naval Criminal Investigative Service and Naval Magazine Indian Island participated with the hospital and reserve hospital. Chief petty officers from the participating commands conducted classroom and on-the-job training for the selectees beginning in early August, shortly after they were officially notified of their selection as CPOs. Training topics ranged from leadership to physical fitness to naval history and traditions.

“It’s exciting to see 15 Sailors from eight different commands and various rates come to-

gether as a team,” said Command Master Chief Petty Officer (SW/AW) Robert L. Finley, Naval Hospital Bremerton command master chief petty officer. “These 15 Sailors represent the size of a small ship’s or a submarine’s CPO mess. When they finish their training, they should be ready to assume any role offered by the United States Navy.”

Finley said the car wash was much more than raising a few dollars to help pay for the training and events surrounding the promotion ceremony, now less than a week away.

“Things like a car wash help them develop as a team,” Finley said. “It might seem simplistic, but events like this help them develop the networking and team-building skills – the ‘reusable’ skills – necessary to be a chief petty officer in today’s Navy.”

(Continued from page 1)

soldiers."

Stephenson, who is an ex-smoker, knows that tobacco advertisers market their products to young people. So in addition to increasing awareness about the dangers of nicotine among the active duty population, he has already put together a program for even younger people.

"The pediatric adolescent clinic had no organized tobacco cessation program," he explained. "Now, two of the nurses meet with me on a regular basis and we have developed an 11-question questionnaire that has been used during routine health screenings for school physicals," he

said.

Stephenson is also working with Obstetric personnel at Madigan to help decrease nicotine use in pregnant women.

"I will be working with pregnant women who smoke to not only to get them off cigarettes immediately, but to keep them off," he said. "There is some data, however, that says pregnant women can stop their addictions during their pregnancy, but usually revert back to it after giving birth," he said.

Because nicotine is so addictive, no one or nothing can force a person to quit, not even the known fact that cigarettes cause cancer. The decision to quit has to be made by the smoker before any help can be taken seriously.

"As a smoker, I remember working as an LPN in the intensive care unit taking

care of patients who had lung cancer," Stephenson said. "

But that was not enough to make him want to give up cigarettes. It would take something much stronger.

"You realize after a while that you want to take control of that addiction," he said. "The one constant that I have seen among all smokers who chose to quit is the desire to take control of their lives."

While tobacco cessation programs do offer individuals access to proven methods of quitting, such as nicotine patches, nicotine gum and Zyban, Stephenson emphasizes, however, that the process must be done in stages.

"The stages of major change start with pre-contemplation. This is the random and periodic thoughts about smoking versus the joys of smoking and

the positive inclination toward smoking," he explained. "Then the person moves to contemplation where their thoughts about cessation become more focused and directional. Then it moves toward planning, which is where they're actually taking steps and developing courage to implement the thoughts they had during the pre-contemplation stage. That proceeds into action. I traditionally define action as the quitting and detoxification stage. Once they're through that stage, they go into maintenance," he explained.

To assist nicotine addicted individuals, Stephenson has started a Nicotine Anonymous chapter that meets every Thursday at 6:00 p.m. in the Cosio Conference room at Madigan.

For more information, please contact Ernie Stephenson at (253) 968-2937.



Hospital Corpsman 1st Class Maureen Smith, from MWSS-271, examines an Iraqi baby during a humanitarian visit to a village near Three Rivers April 8, 2003. Clean water and medical care were part of the humanitarian aid provided in support of Operation Iraqi Freedom. Operation Iraqi Freedom in the multinational coalition effort to liberate the Iraqi people and end the regime of Saddam Hussein. (DoD photo by Lance Cpl. Alicia M. Anderson, U.S. Marine Corps-Released)